

SECTION 9

OUTPATIENT THERAPY PROCEDURES

PHYSICAL THERAPY

Physical therapy (PT) is a Medicaid covered service for patients of any age. Use CPT procedure codes in the 97000 range or Q0086 for PT evaluation. If physical therapy is provided for a recipient under 21 years of age as a result of a screening, enter code "A1" in fields 24-30 of the UB-92 claim form to indicate that it is an EPSDT/HCY service.

NOTE: Reimbursement made to hospitals for HCY therapy services is based on that hospital's interim outpatient reimbursement percentage; however, the final outpatient settlement does not include HCY costs or charges, nor are occupational and speech therapy cost centers allowed in computing the final outpatient cost settlement. If physical therapy is provided for a patient under 21 years of age as the result of an EPSDT/HCY screening, enter code "A1" in fields 24-30 of the UB-92 form to indicate that it is an EPSDT/HCY service.

OCCUPATIONAL AND SPEECH THERAPY

Occupational therapy is covered in the outpatient hospital setting for patients age 21 and over **only** if the therapy is adaptive training for a prosthetic or orthotic device.

Under the EPSDT/HCY Program, OT is covered for recipients under 21 years of age when:

- the need is identified by an EPSDT/HCY screen; or
- there is a physician referral; or,
- the service regimen is incorporated into a plan of care.

Codes in the EPSDT/HCY OT Program are in fifteen-minute units only. Use the following procedure codes for the EPSDT/HCY Program.

97703EP	Occupational Therapy Evaluation - 15 minutes
97535EP	Occupational Therapy Treatment - 15 minutes

- * Recipients with ME code 76 or 79 are not eligible for HCY services even if they are under age 21.

SPEECH/LANGUAGE THERAPY

Speech therapy is covered in the outpatient hospital setting for patients age 21 and over **only** if the therapy is adaptive training an artificial larynx.

Under the EPSDT/HCY Program, speech/language is covered for recipients under 21 years of age when:

- the need is identified by an EPSDT/HCY screen; or
- there is a physician referral; or,
- the service regimen is incorporated into a plan of care.

Codes in the EPSDT/HCY Speech/Language Program are in 15-minute units only. Use the following procedure codes for the EPSDT/HCY Program.

92506EP	Speech/Language Evaluation - 15 minutes
92507EP	Individual Speech/Language Treatment - 15 minutes
92508EP	Group Speech/Language Treatment -15 minutes

- * Recipients with ME code 76 or 79 are not eligible for HCY services even if they are under age 21.

LIMITATIONS OF EPSDT/HCY THERAPY

Evaluations are limited to four hours per discipline per provider in a 12-month period. Therapy treatment services that exceed one hour and fifteen minutes (five units) in one day must have documentation attached to the claim that justifies the need for intensive therapy treatment. Claims with six or more units for occupational or speech/language therapy suspend in the claims processing system for a consultant to review the documentation. If documentation is not attached or the consultant does not approve the additional units, the total number of units is reduced to those considered medically necessary; however, the total units are not reduced to less than five units per day. Documentation includes the evaluation, the treatment plan and the physician's orders or referral.

OUTPATIENT THERAPY SERVICES EXEMPT FROM COST SHARING

Effective for dates of service October 16, 2003 and after, condition code "AJ" must be used on the outpatient claim in order to properly identify therapy services that are exempt from the cost sharing requirement. This replaces the X02 diagnosis code previously used. For dates of service prior to October 16, 2003, providers should continue to bill using the appropriate Missouri Medicaid-specific diagnosis codes.

When billing Missouri Medicaid, indicate the usual and customary charge for the service as the billed amount in the charge column. Do not deduct the recipient's cost sharing amount from the billed charge and do not show it as an amount paid or as another source payment. The claims processing system calculates the maximum allowable fee and automatically deducts the cost sharing amount, thus determining the correct payable amount.